

MARIN COUNTY SHERIFF'S DEPARTMENT
CIVIL/DOCUMENTARY SERVICES DIVISION
HALL OF JUSTICE
SAN RAFAEL, CA 94903

INSTRUCTIONS FOR SERVICE OF PLAINTIFF'S CLAIM AND ORDER TO DEFENDANT (SMALL CLAIMS)

IMPORTANT NOTE: Complete both sides of this page. All items (except (D), which is optional) must be completed and must be printed or typed. If any items are not completed or are not legible, we will have to return all papers to you.

(A) Fill in the date of hearing as shown on the Small Claims papers: _____.
If you filed your papers in Marin County they must be served at least 10 days prior to the hearing for personal service or at least 20 days prior to the hearing for substitute service. If you filed your papers in another county, they must be served at least 15 days prior to the hearing for personal service or 25 days prior to the hearing for substitute service. In order to provide the best possible service for you, we ask that you allow as much time as possible prior to these dates for us to attempt service.

(B) Fill in a short title of the case using the last names of the first listed plaintiff and the first listed defendant; for example, "Smith vs Jones."

Plaintiff vs Defendant

(C) List the defendants to be served exactly as the names appear on the Small Claims papers. If the defendant is a business; for example, "Jones Company, Inc.," you must also give the name and title of the officer to be served on behalf of the company. Fill in the address for service and indicate whether this is a residence or business address. If you have more than two defendants to serve, mark the "Yes" box and list those names and addresses on the reverse side of this form. We can only make services in Marin County. We cannot serve at a post office box. You may give us more than one address as long as all addresses are in Marin County.

1. _____
Name

Address for service Business () Residence ()

2. _____
Name

Address for service Business () Residence ()

Additional names listed on reverse: Yes ()

(D) Complete the following section if you have any special instructions that will assist us in serving your papers; for example, a description of the defendant or specific hours that the defendant is most likely to be at the address given:

(E) Indicate here if you will authorize substitute service of your papers. If you do, you must give us a second copy of the paper for each defendant to be served. Substitute service is authorized by law and by the court and allows us to serve

another adult who lives or works at the address given on behalf of the defendant. This usually provides extra assurance that your papers will be served.

Substitute service is authorized: Yes () No ()

- (F) Fees are \$28.00 for each defendant to be served. Checks should be made payable to the Marin County Sheriff. If the court has given you a fee waiver, it must be provided to us in lieu of fees. By law the Sheriff is entitled to fees even if the service is cancelled or is not effected for any reason.

Attached are () required fees in the amount of: \$ _____ OR () fee waiver OR

(G) Print your name: _____ () cash

(H) Sign your name: _____ () check

- (I) Fill in your address, INCLUDING A ZIP CODE. If you filed in Marin County, a proof of service or a not found return will be sent to the court and a copy will be sent to you. If you filed in another county, all returns will be sent to you and you must file your proof of service with the court. It is not necessary to call us for status of your case unless you have not received a proof of service or not found return five days prior to your hearing.

Mailing address

City, State, ZIP

- (J) Please provide your daytime telephone number in the event that we have questions:

Additional defendants to be served:

Name

Address Business () Residence ()

Name

Address Business () Residence ()